

Premise No. 03/26/00/0118
Source No. P/002

APPLICATION FOR PERMIT PROCESS

T 6/3/24 AAD

Mailing Address			Mailing Address		
City, Village or Township	Street	Zip	City	Street	Zip
Wauseon	Fulton	43567	[REDACTED]	[REDACTED]	[REDACTED]

Telephone [REDACTED] [REDACTED]
Area Code [REDACTED] Number [REDACTED]

☒ Permit to operate an existing source
☐ Permit to construct a new source or modify an existing source
☐ Variance from regulation(s) _____ for _____ months

☐ Plans and drawings ☐ Emission tests or calculations
☐ Compliance time schedule ☐ Construction schedule

8. Capacities (lbs/hr): Rated N/A Maximum

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AUG 15 1972

OHIO DEPARTMENT OF HEALTH
☐ Process flow diagram
☐ Additional information

Year installed

EPA Region 5 Records Ctr.



381242

OPERATING INFORMATION

387242

9. Normal operating schedule: hrs/day 16 days/wk 5 wks/yr 52

10. Percent annual production (finished units) by season: Winter X Spring X Summer X Fall X

11. Hourly production rates (lbs): Average N/A Maximum _____

12. Annual production (indicate units) 1,000,000

13. Projected percent annual increase in production 0

14. Method of exhaust ventilation: ☒ Stack ☐ Window fan ☐ Roof vent ☐ Other, describe _____

15. Type of process: ☒ Continuous ☐ Batch

16. If batch, minutes per cycle _____ minutes between cycles _____

17. Does process involve any of the following (check all applicable)? ☒ Lead ☐ Asbestos ☐ Beryllium ☐ Mercury

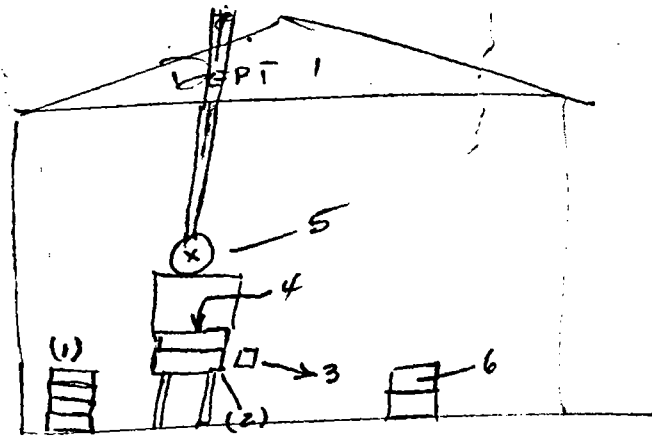
18. Materials used in process (include organic materials)

[illegible]

19. This application must include a detailed process flow diagram. Show entry and exit points of all raw materials, intermediate products, by-products and finished products. Label all materials including airborne contaminants and other waste materials.

(even)

Important Note: If emissions from this source have been determined by source tests, material balances or emission factors, include such data and supporting calculations with application.



WIRE ASSEMBLIES IN	AT POINT	(1)
WASHING & COOLING	"	(2)
SOLDERING FLUX	"	(3)
MOLTEN 60/40 SOLDER	"	(4)
EXHAUST FAN	"	5

SEQUENCE OF OPERATION

1. TERMINATED WIRE (1) DIPPED IN SOLDERING FLUX (3)
2. DIPPED SOLDER (4)
3. WASHED & COOLED IN (2)
4. ASIDED IN (6)

NOTICE OF REGISTRATION

TO:
WAUSEON MFG CO
LINFOT AT N FULTON STS
WAUSEON

OHIO 43567

FOR:

APPLICATION NO	0326000118 P001
EQUIPMENT DESCRIPTION	CHROMOLOX SOLDER POT
COMPANY ID	DIP SOLDERING
ISSUE DATE	05/14/76
EFFECTIVE DATE	06/28/76

(SEE ENCLOSED LETTER FOR EXPLANATION)

NED E. WILLIAMS, P.E.
DIRECTOR

Premise No. 03/26/00/0118
Source No. P/001

APPLICATION FOR PERMIT PROCESS

T
6/3/74

1. Facility Name Wauseon Mfg. Co. Person to Contact G.O. Weaver

Facility Address Lincoln at N. Fulton Sts. Mailing Address [REDACTED]
Street Street

Wauseon Fulton 43567
 City, Village or Township County Zip City State Zip

Telephone _____
Area Code _____ Number _____

2. This application is submitted for:

- ☒ Permit to operate an existing source
☐ Permit to construct a new source or modify an existing source
☐ Variance from regulation(s) _____ for _____ months

3. Check-list of information to accompany this application:

- ☐ Plans and drawings ☐ Emission tests or calculations
☐ Compliance time schedule ☐ Construction schedule

4. Name of process Dip soldering

5. Product of this process Automotive terminals are affixed to wire

6. Process equipment Solder pot Your identification cc 11 Solder Pot

7. Manufacturer Chromolox Make or model 250

8. Capacities (lbs/hr): Rated N/A Maximum

OPERATING INFORMATION

9. Normal operating schedule: hrs/day 8 days/wk 5 wks/yr 52

10. Percent annual production (finished units) by season: Winter X Spring X Summer X Fall X

11. Hourly production rates (lbs): Average N/A Maximum

12. Annual production (indicate units) 500000

13. Projected percent annual increase in production 0

14. Method of exhaust ventilation: ☒ Stack ☐ Window fan ☐ Roof vent ☐ Other, describe _____

15. Type of process: ☒ Continuous ☐ Batch

16. If batch, minutes per cycle _____ minutes between cycles _____

17. Does process involve any of the following (check all applicable)? ☒ Lead ☐ Asbestos ☐ Beryllium ☐ Mercury

18. Materials used in process (include organic materials)

[illegible]

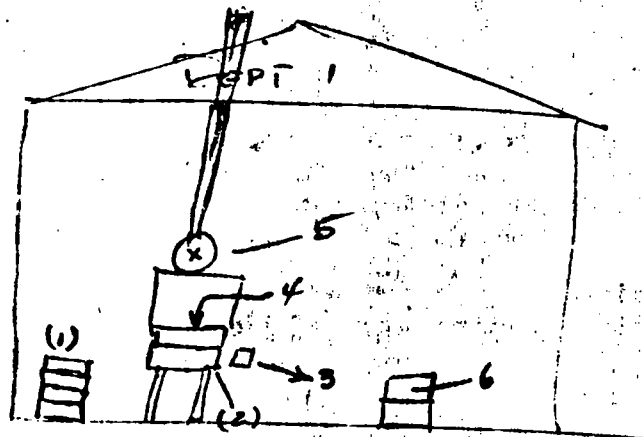
19. This application **must** include a detailed process flow diagram. Show entry and exit points of all raw materials, intermediate products, by-products and finished products. Label all materials including airborne contaminants and other waste materials.

Important Note: If emissions from this source have been determined by source tests, material balances or emission factors, include such data and supporting calculations with application.

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AUG 15 1972

OHIO DEPARTMENT OF HEALTH
NORTHWEST DISTRICT OFFICE



WIRE ASSEMBLIES IN AT POINT	(1)
WASHING & COOLING	" (2)
SOLDERING FLUX	" (3)
MOLTEN 60/40 SOLDER	" (4)
EXHAUST FAN	" 5

SEQUENCE OF OPERATION

1. TERMINATED WIRE (1) DIPPED IN SOLDERING FLUX (3)
2. DIPPED SOLDER (4)
3. WASHED & COOLED IN (2)
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NOTICE OF REGISTRATION

TO:
WAUSEON MFG CO
LINFOOT AT N FULTON STS
WAUSEON

OHIO 43567

FOR:

APPLICATION NO	0326000118 P002
EQUIPMENT DESCRIPTION	CHROMOLOX SOLDER POT
COMPANY ID	DIP SOLDERING
ISSUE DATE	05/14/76
EFFECTIVE DATE	06/28/76

(SEE ENCLOSED LETTER FOR EXPLANATION)

.....
NED E. WILLIAMS, P.E.
DIRECTOR

For Office Use Only
Check Appropriate Box(es)

- ☐ Air Discharge
- ☐ Water Discharge to New
Source Treatment Works
- ☐ Solid Waste Disposal Facility

Office Use Only

Application No. 03-1085

Date Received 3/27/81

OHIO ENVIRONMENTAL PROTECTION AGENCY
Application for Permit to Install

Williams County Landfill Inc.

Applicant's Name

Route # 3

Mailing Address

Bryan Williams Ohio 419-636-7110
City County State Telephone Number

Hal R. Henricks Pres. 419-636-7110
Person to contact (Name and Title and Telephone Number)

County Rd. G 1½ mi. West of State Rt. 15
Location of Proposed Facility (State the location as completely and precisely as possible)*

Sec. 36- Superior Twp.

Williams

City or Township

County

DIRECTIONS: A Permit to Install is required under the provisions of OAC Rule 3745-31. Complete each item on this application form. An application cannot be considered unless all questions are answered and required supplemental information submitted. If any of the information requested does not apply to your situation, then state the reasons why it does not apply. This application must be signed as provided for in OAC Rule 3745-31-04(B) or it will not be accepted. Applicants for permits which involve air emissions or wastewater treatment facilities are advised they will be required to pay a fee upon approval of their applications as provided for in OAC Rule 3745-45-02.

1. Name of Source: Fulton Industries, Inc., Wauseon, Ohio
2. Product or Use of Source: Kondor/Gard 75M
3. Will the proposed source involve any of the following: Check all that apply.
 - A. Air Discharge
 - B. Waste Water Treatment Works
 - C. X Solid Waste Disposal Facility

*EXAMPLE: "The source will be constructed on a 20 Acre plot to be located on Franklin Township Road No. 17, approximately 1 1/4 miles north of the intersection of State Route 99 and Franklin Township Road No. 17."

FOR OFFICIAL USE ONLY

Premise No. 03/26/00/0118

Source No. 11/001

PERMIT APPLICATION INCINERATOR

A 070
6/3/74
A 110

1. Facility Name Wauseon Mfg. Co. Person to Contact G.O. Weaver

Facility Address Linfoot at N. Fulton Mailing Address [REDACTED]

Wauseon Street Fulton 43567 City [REDACTED] Street [REDACTED] Zip [REDACTED]

City, Village or Township County Zip

Telephone [REDACTED] Area Code [REDACTED] Number [REDACTED]

2. This application is submitted for:

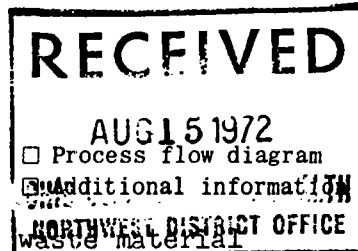
- ☒ Permit to operate an existing source
☐ Permit to construct a new source or modify an existing source
☐ Variance from regulation(s) _____ for _____ months

3. Check-list of information to accompany this application:

- ☐ Plans and drawings ☐ Emission tests or calculations
☐ Compliance time schedule ☐ Construction schedule

4. Source of combustible waste:

- ☐ Hospital, number of beds _____
☐ Apartment, number of units _____
☐ Institution, number of rooms _____
☐ Industrial process, describe _____
☒ Other, describe _____



5. Incinerator located: ☐ Indoors ☒ Outdoors ☐ Charged indoors, unit outdoors

6. Manufacturer Pilbrico Make or model A GF 400

7. Rated capacity 400 lb./hr. Year installed 1969 Your identification Incinerator

8. Type of incinerator ☐ Single chamber ☒ Multiple chamber

9. Method of charging waste: ☐ Chute fed ☐ Flue fed ☒ Direct fed ☐ Other. If other, describe: _____

10. Type of draft: ☐ Forced ☐ Induced ☒ Natural ☒ Starved air ☐ Overfire air jets, capacities _____

11. If liquid incinerator, type of atomization _____

12. Type of flue damper: ☐ Barometric ☒ Butterfly ☐ Guillotine ☐ Sliding ☐ None

13. Adjustable air ports: ☒ Yes ☐ No

14. Burner input (BTU/hr.): Primary _____ Secondary _____

15. Secondary burner ignition: ☒ Manual (timer) ☐ Automatic (charging door switch)

16. Secondary burner temperature control: ☐ Yes Lower limit _____ °F ☒ No

17. Type of refractory: ☒ Firebrick ☐ Castable Pyrometric cone equivalence _____

18. Primary chamber dimensions (inches) Length 4'6" Width 3' Height 4'6"

19. Secondary chamber dimensions (inches) Length 4'6" Width 2'3" Height 4'6"

20. Describe provisions for combustion or tempered make-up air _____

OPERATING SCHEDULE AND AMOUNT OF WASTE INCINERATED

21. Normal operating schedule: hrs./day 2 appr. days/wk. 6 wks/yr. 52

22. Percent annual incineration by season: Winter X Spring X Summer X Fall X

23. Quantity of waste burned (lbs./hr): Average 200 Maximum _____

24. Type of waste (see instructions) 0 Heat content of waste 8500 BTU/lb.

25. Type of fuels used: ☒ Natural gas ☐ Oil ☐ LP gas ☐ None

26. Amount of fuel used per year unknown Burner manufacturer/model _____

27. Type of charging: ☐ Continuous ☐ Intermittent ☒ Batch

28. Percent projected annual increase in incineration 0

Important Notes: If emissions from this source have been determined by source tests, material balances or emission factors, include such data and supporting calculations with application.

A waste analysis must accompany all incinerator permit applications.

A detailed drawing of the incinerator showing all dimensions (inside and out) must accompany this application. Indicate position of charging doors, burners and any auxiliary equipment.

Ohio Environmental Protection Agency

Renewal Application for a Permit to Operate
an Air Contaminant Source

APR 11 1977

Wauseon Mfg Co
Facility Name
115 E Linfoot St
Facility Address
Wauseon Fulton 43567
City County Zip
0326000118 NO01
Application No. (see attached Notice)

G. O. Weaver
Person to Contact
Same
Mailing Address
Same
City State Zip
Telephone Area Number

1. Complete and attach one of the following appendices most appropriate to the air contaminant source. Only one appendix may accompany this application.

(Check one)

- Appendix A, Process
Appendix B, Fuel-Burning Equipment
XXXXX Appendix C, Incinerator
Appendix D, Surface Coating or Printing Operation
Appendix E, Storage Tank or Loading Facility

2. Description of Source (same as used on appendix):

Industrial

3. Your Identification for Source (same as used on appendix):

Waste paper, wood & trash

I, being the individual specified in OAC 3745-35 of the rules of the Ohio Environmental Protection Agency, hereby apply for a Permit to Operate (OAC 3745-35-02) for the air contaminant source described herein.

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MAR 10 1977

Ohio Environmental Protection Agency
NORTHWEST DISTRICT

Signature of Officer or Owner
Title
Date Mar 8, 1977

*As per OAC Rule 3745-35-02(B)(1) (Permit to Operate)

(See Directions on Other Side)

USE ONLY

APPENDIX C, INCINERATOR
INCINERATOR DATA

1. Manufacturer Plibrico Make or Model A-GF-400
2. Rated capacity 400 lb./hr. for Type 1 Waste
3. Location: ☐ Indoors ☒ Outdoors ☐ Charged indoors, unit outdoors
4. Year installed 1969 Your identification A 03510
5. Type of incinerator: ☐ Single chamber ☐ Conical metal burner
☒ Multiple chamber ☐ Other, describe _____
☐ Controlled air _____
6. Method of charging: ☐ Chute fed ☐ Mechanical loader
☐ Flue fed ☐ Other, describe _____
☒ Hand fed _____
7. Type of charging: ☐ Continuous ☐ Batch ☒ Intermittent
8. Type of draft: ☒ Natural ☐ Induced ☐ Forced
9. Type of flue damper: ☐ Barometric ☒ Butterfly ☐ None
☐ Guillotine ☐ Sliding
10. Adjustable air ports: ☒ Yes ☐ No
11. Auxilliary burner sizes: Primary burner _____ BTU/hr.
Secondary burner _____ BTU/hr.
(or Afterburner)
12. Types of fuels used: ☒ Natural Gas ☐ Oil ☐ LPG ☐ None
13. Secondary (or afterburner) ignition: ☒ Manual (timer)
☐ Automatic (charging door switch)
14. Secondary (or afterburner) temperature control: ☐ Yes, lower limit _____ °F ☒ No/Unknown
15. Primary chamber dimensions (inches): Length 54 Width 36 Height 66
16. Secondary chamber dimensions (inches): Length 54 Width 27 Height 66
17. Type of refractory: ☐ Castable ☐ Firebrick ☒ Plastic refractory

OPERATING DATA

18. Normal operating schedule: 1 hrs./day, 5 days/wk., 52 wks/year
19. Percent annual incineration by season: Winter 25 Summer 25
Spring 25 Fall 25
20. Quantity of waste burned (lbs./hr.): Average 200 Maximum 300

21. Source of combustible waste:

- ☐ Hospital, number of beds _____
- ☐ Apartment, number of units _____
- ☐ Institution, number of rooms _____
- ☒ Industrial process, describe _____
- ☐ Restaurant, meals per day _____
- ☐ School, number of rooms _____
number of pupils _____
- ☐ Commercial Bldg., area _____
(sq. ft.) _____
- ☐ Other, describe _____

22. Description of waste(s) (check appropriate boxes):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Paper | <input type="checkbox"/> Kitchen waste | <input type="checkbox"/> Human/animal remains |
| <input type="checkbox"/> Cardboard | <input type="checkbox"/> Sweepings | <input type="checkbox"/> Plastics, describe _____ |
| <input checked="" type="checkbox"/> Wood | <input type="checkbox"/> Rags | <input type="checkbox"/> Industrial, describe _____ |
| <input type="checkbox"/> Residential waste (rubbish & garbage) | | |

23. Percent projected annual increase in incineration none

CONTROL EQUIPMENT (Other than unit's afterburner)

24. Type of gas cleaning equipment:

- Type of gas cleaning equipment: None
- | | | |
|--|--|---|
| <input type="checkbox"/> Spray chamber | <input type="checkbox"/> Cyclonic scrubber | <input type="checkbox"/> Impingement scrubber |
| <input type="checkbox"/> Packed tower | <input type="checkbox"/> Venturi | <input type="checkbox"/> Electrostatic precipitator |
| <input type="checkbox"/> Other, describe | | |

25. Manufacturer	Model No.	Year installed

26. Pressure drop across collector(s) _____ in. H₂O

STACK DATA

27. Your stack identification *N/A*

28. Are other sources vented to this stack? ☐ Yes ☒ No

29. Type: ☒ Round, top inside diameter dimension 19"
☐ Rectangular, top inside dimensions (L) _____ X (W) _____

30. Height: Above roof 10' ft., above ground 31' ft.

31. Exit gas: Temp. unknown, Volume _____ ACFM, Velocity _____ ft./min.

32. Continuous monitoring equipment: ☐ Yes ☒ No
If yes, indicate type _____, Manufacturer _____
Make or Model _____, Pollutant(s) monitored _____

33. Emission data: Emissions from this source have been determined and such data is included with this appendix: ☐ Yes ☒ No
If yes, check method: ☐ Stack test ☐ Emission factor

Completed by Gowever Date 3-4-77